

**REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

State Hearing No.: \_\_\_\_\_

You have the right to request to inspect your protected health information in records, which State Hearings Division creates or maintains. You also have the right to request copies of those records. You will receive a response to your request within 30 days after we receive your request and payment. If you want copies of your records mailed, you need to send us a photocopy of your California driver's license, Department of Motor Vehicles Identification Card, or other valid identification. You will also need to send documentation verifying your address. Mail the information to:

*Department of Social Services  
State Hearings Division  
P. O. Box 944243, MS 19-36  
Sacramento, CA 94244-2430*

INDIVIDUAL INFORMATION			
LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS		CITY/STATE	ZIP CODE
STATE HEARING NUMBER		DATE OF BIRTH	
DAYTIME TELEPHONE NUMBER (Required): (     )	EVENING TELEPHONE NUMBER (     )	EMAIL ADDRESS	BEST HOURS TO REACH YOU

WHAT TYPE OF PROTECTED HEALTH INFORMATION DO YOU WANT TO ACCESS?
METHOD TO ACCESS YOUR PROTECTED HEALTH INFORMATION
<p><input type="checkbox"/> PLEASE MAIL ME A COPY OF THE REQUESTED INFORMATION.</p> <p><input type="checkbox"/> I REQUEST THAT A PERSON OF MY CHOOSING BE ALLOWED TO INSPECT MY RECORDS.</p> <p><b>NOTE: Any person or attorney may be named below. Records will not be sent to photocopy services.</b></p> <p>NAME:</p> <p>TELEPHONE NUMBER: (     )</p> <p>ADDRESS:</p> <p>RELATIONSHIP TO YOU:</p>

**IDENTIFYING INFORMATION**☐ COPY OF IDENTIFICATION ATTACHED

TYPE \_\_\_\_\_ (CA DRIVER'S LICENSE, CA DMV IDENTIFICATION CARD, BIRTH CERTIFICATE, BENEFITS IDENTIFICATION CARD, MANAGED CARE CARD, STATE OR FEDERAL EMPLOYEE ID CARD)

NUMBER: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.**

SIGNATURE

DATE

**(IF NO IDENTIFICATION IS ATTACHED YOUR SIGNATURE MUST BE NOTARIZED.)**

NOTARIZED BY \_\_\_\_\_ ON \_\_\_\_\_ (DATE).

NOTARY PUBLIC NUMBER \_\_\_\_\_

UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC.

☐ ADDRESS VERIFICATION ATTACHED

FORM OF ADDRESS VERIFICATION \_\_\_\_\_ (UTILITY BILL, PHONE BILL, DRIVER'S LICENSE, ETC.)

**NOTE: ANY ATTEMPT TO FALSELY GAIN ACCESS TO PROTECTED HEALTH INFORMATION  
IS SUBJECT TO LEGAL PENALTIES.**